

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE
Sold in New Jersey
By

HORIZON BLUE CROSS/BLEU SHIELD OF NEW JERSEY

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PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	MONTHLY PREMIUM	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	* PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$876 DEDUCT. (2004)	\$219 COPAY FOR DAYS 61-90 (2004)	\$438 COPAY FOR DAYS 91-150 (2004)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$109.50 COPAY FOR DAYS 21-100 (2004)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$100 ANNUAL DEDUCT. (2004)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE
A	107.41	No	6 mos.		Yes	Yes	Yes					Yes		Yes				
C	164.34	No	6 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
F	124.83 (INCREASES WITH AGE)	No	6 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes ^{100%}	Yes	Yes			
I	160.47 (INCREASES WITH AGE)	Yes**	6 mos.	Yes	Yes	Yes	Yes	Yes				Yes	Yes ^{100%}	Yes	Yes	Yes	Yes ¹	

* PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY. (See Guide to Health Insurance for People with Medicare.)
** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN-ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)
1. "BASIC" BENEFIT WITH \$250 ANNUAL DEDUCTIBLE, 50% COPAY AND A \$1,250 MAXIMUM ANNUAL BENEFIT.